



**Iowa Wellness Plan Quarterly Report  
1115 Demonstration Waiver  
July 1, 2015 – September 30, 2015**

**October 30, 2015**

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## I. EXECUTIVE SUMMARY

The Iowa Health and Wellness Plan (IHAWP) became effective on January 1, 2014, as the state's approach to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). The IHAWP is comprised of two distinct 1115 waiver programs:

1. The Iowa Wellness Plan (IWP) – Covers individuals ages 19 through 64 with income up to 100 percent of the FPL. In this plan, coverage is administered directly through the state Medicaid agency, the Iowa Medicaid Enterprise (IME).
2. The Iowa Marketplace Choice Plan (MPC) – Also covers ages 19 through 64, but with income from 101 percent of the FPL up to 133 percent of the FPL. This plan provides premium assistance for coverage offered by a qualified health plan (QHP) in the Healthcare Marketplace established under the ACA. MPC members receive coverage through a QHP, Coventry Health Care of Iowa (Coventry), or through the IWP.

In February 2015, the state announced plans to implement the Medicaid Modernization Initiative (Initiative) to ensure high quality, efficient, and coordinated care for the majority of the Iowa Medicaid population under 1915 (b) authority. On February 26, 2015, the state released Requests for Proposals with the intent to contract on a statewide basis with a minimum of two to four contractors to coordinate care and provide quality outcomes under the Initiative.

On September 3, 2015, the state submitted a request to amend the IWP demonstration to change to managed care delivery system and modify eligibility to include MPC members under concurrent 1915 (b) authority. Since the withdrawal of CoOpportunity from the MPC, the state has not been able to maintain an adequate number of QHPs to allow coverage options for current MPC members. Under the Initiative, the state is proposing to include MPC members in the IWP coverage group. The state is also proposing to retain authority of the MPC demonstration should market conditions change and the program becomes a viable option.

During third quarter, the state continued to monitor the healthy behavior program and prepared for the implementation of the MPC disenrollment process, effective November 1, 2015. Other key activities included:

- Member outreach activities on the Initiative;
- Provider education about the IWP and training on the Initiative;
- Administrative rule changes for the Initiative; and
- Finalization and CMS approval of supplemental evaluation design components.

Following this letter is a detailed report of key activities and statistics for the third quarter, consistent with the STCs. Do not hesitate to contact me at 515-256-4621 or [mstier@dhs.state.ia.us](mailto:mstier@dhs.state.ia.us), or Deanna Jones at 515-256-4652 or [djones1@dhs.state.ia.us](mailto:djones1@dhs.state.ia.us) should you have any questions about this report or any other aspects of the new programs.

Sincerely,

Miki Stier  
Director  
Iowa Medicaid Enterprise

## **II. SIGNIFICANT ACTIVITIES OF THE QUARTER**

### **1. Member Outreach**

Regular communications about the IHAWP and the healthy behaviors program continued during third quarter. Member outreach activities for the implementation of the Initiative included preparation of October 2015 mailings that introduce coverage under managed care as the IA Health Link program. These introductory mailings contain general information about IA Health Link, an implementation timeline of outreach activities, and a set of frequently asked questions.

### **2. Provider Outreach**

#### Recruitment:

The IME Provider Services Outreach Team communicated IWP information to Iowa providers specifically targeting primary care providers to address patient needs. Outreach efforts resulted in the following accomplishments during third quarter.

- The number of participating primary care providers/ patient managers totaled 1,557 at the end of the third quarter of 2015.
- 294 unique locations have established an AssessMyHealth Access Code to share with their patients for completing a Health Risk Assessment.

#### Education:

- During third quarter of 2015, Provider Services Outreach conducted Annual Provider training in 11 different communities throughout the state, which included information about the managed care delivery system. The outreach team reached 2,433 providers through 22 sessions with discussions on the managed care transition and the impact to the IHAWP population.
- [Informational Letter 1537](#) was released on August 20, 2015, to Iowa Medicaid providers to explain the transition to managed care through the Initiative.
- [Informational Letter 1549](#) was released on September 28, 2015, to inform Medicaid providers of the transition to managed care and that all MediPASS and Iowa Wellness Plan patient manager agreements will terminate effective December 31, 2015.

#### Accountable Care Organizations:

The IME and ACOs continued to collaborate on activities that support state's goal of improvement in the quality of care and lower the overall cost of care. Current information about ACOs and the Medical Home Bonus Program can be found at <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/ACO-VIS>. In addition, information about the managed care transition for ACOs is available through a [Medicaid Modernization Factsheet](#).

### **3. Public Communication**

#### Press Release/Coverage:

In July 2015, the state formally announced the public comment period for changes to Medicaid waivers for implementation of the Initiative. Information about public

hearings was made available through an [informational flyer](#). Comments were accepted via regular mail or electronically from July 20 through August 21, 2015.

In August of 2015, the state announced a notice of intent to award contracts to four managed care organizations for the statewide managed care delivery system. The winning bidders are Amerigroup Iowa, AmeriHealth Caritas Iowa, UnitedHealthcare Plan of River Valley, and WellCare of Iowa. More information about the bidding process and other Initiative related information can be found in the August 17, 2015, [press release](#).

#### Stakeholder Engagement:

During third quarter, the IME continued to provide email communications to share key news items to the Medical Assistance Advisory Council (MAAC) and other stakeholders that subscribe to IME Communications. In July 2015, the IME shared the announcement of the public comment period for the IHAWP waiver and other waivers impacted by the Initiative. In September, stakeholders were informed that the waivers were formally submitted to CMS on September 3, 2015, for review and approval.

### **4. Legislative Developments**

During third quarter, the state worked on changes to administrative rules for the implementation of the Initiative, pursuant to Senate File 505, section 12(24). A draft rules package will be submitted through a formal review process in October 2015.

## **II. ELIGIBILITY/ENROLLMENT**

### **1. Quarterly Enrollment**

Over the third quarter, the overall IHAWP population increased by 2 percent for an ending total of 140,383. The IWP component also increased over the quarter by 2 percent with an ending total of 104,523.

Effective December 1, 2014, CoOpportunity Health withdrew from the MPC, which resulted in transitioning CoOpportunity Health members to the IWP. Coventry continues to serve MPC members, Coventry is not enrolling new members or members who were disenrolled from CoOpportunity Health. At the end of third quarter, 17,684 IWP members were enrolled with the HMO (Meridian Health Plan of Iowa) and 53,853 members were assigned to a primary care manager. Due to MPC enrollment limitations, a total of 27,779 MPC members received services through the IWP.

At the end of the third quarter, access to managed care was available in 89 of Iowa's 99 under the IWP. IWP enrollment totals by county as of September 30, 2015, can be found at:

[http://dhs.iowa.gov/sites/default/files/IHAWPEnrollmentMaps\\_September2015.pdf](http://dhs.iowa.gov/sites/default/files/IHAWPEnrollmentMaps_September2015.pdf)

Monthly enrollment totals for the IHAWP population are shown below.

Plan/Coverage Group	July	August	September
Marketplace Choice	34,570	35,241	35,525
Wellness	102,206	104,110	104,523
Presumptive IHAWP*	330	356	335
Total	137,106	139,707	140,383

\*Presumptive IHAWP – Members are defaulted to the Wellness Plan until provider assignments are established.

## 2. Special Population Groups

The state identifies specific population groups enrolled in the IHAWP to monitor their health care needs in accordance with the STCs. These groups are comprised of: (1) Nineteen and twenty year-olds, (2) American Indian/Alaskan Natives, and (3) the medically exempt (frail). Below are IWP enrollment totals for these groups at the end of third quarter 2015.

Population Group	July	August	September
19-20 Year-old	4,948	5,103	5,133
American Indian/Alaskan Native	1,377	1,413	1,432
Medically Exempt	15,151	15,783	15,854
Total	21,476	22,299	22,419

## III. ACCESS/DELIVERY

### 1. Access to Care Standards

Provider access standards were established to ensure the infrastructure for the IWP is adequate for timely access to care for members. These standards are comprised of similar access standards proven to be effective for the state's Medicaid managed care population, and NCQA standards:

- Ninety-five percent of IWP members will reside in counties that meet timely access standards.
- Ninety percent of IHAWP members either 1) live in a county that has at least one provider that has an NCQA Element 1B score of at least 50 percent or 2) live within 30 miles of a provider that has an NCQA Element 1B score of at least 50 percent.

### 2. Monitoring Access and NCQA Standards

Each quarter the state conducts a provider survey of 60 IWP participating patient managers to monitor access standards. At the end of the fourth quarter, the state will

combine quarterly survey results from 240 patient managers to complete the monitoring process for the calendar year.

The IME consulted with the University of Iowa Public Policy Center (UIPPC) to develop a survey that captures responses from rural, urban, and near-urban providers. This methodology categorizes Iowa's 99 counties into four groups and applies a weighted scale to each group based on the population size to ensure the survey accurately reflects the ratio of providers to which members have access.

As of third quarter, the survey results from 180 patient managers revealed the state met both access and NCQA standards. See Attachment 1 for more information on access standards and survey results.

### **3. Network Adequacy**

See Attachment 2 for maps that show provider access by county for the IHAWP population.

### **4. Service Delivery**

See Attachment 3 for IHAWP wrap payments made to Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Clinics during third quarter.

## **IV. COMPLAINTS/APPEALS**

### **1. Complaints**

IHAWP members have access to IME's Member Services Call Center to express their questions or concerns about the program. During third quarter 2015, the IME received a low number of complaints with the majority consisting of basic questions about IWP benefits. Call Center staff were able to resolve all issues with members during the calls. The following chart provides a summary of complaints.

<b>Complaint Type</b>	<b>July</b>	<b>August</b>	<b>September</b>
Benefits and Services	14	7	17
Access	1	2	1
Substance Abuse/Mental Health Access	0	0	0
Quality of Care	0	0	0
Medical Provider Network	2	2	1
Premiums and Cost Sharing	0	2	0
Healthy Behaviors	2	1	0
Non-emergency Medical Transportation	0	0	0
EPSDT Services	0	0	0

## **2. Appeals/Exceptions**

During third quarter IWP members/providers requested 55 exceptions to Medicaid policy and 33 requests for appeal hearings. See Attachment 4 for more details.

## **VI. Budget Neutrality/Fiscal Issues**

During third quarter, the state did not encounter any significant financial issues related to the IWP. See Attachment 5 for the actual number of member months for the IWP as of September 30, 2015.

## **VII. Other Activities**

### **1. Dental Wellness Plan**

During third quarter DWP coordinators planned outreach activities to assist members with access, and provided education on the program design and the importance of preventive dental care. More information on this topic and other updates can be found at [Delta Dental DWP Update](#). See Attachment 6 for an overview of operations and member activities during third quarter.

### **2. Premium Monitoring and the Healthy Behaviors Program**

In accordance with the STCs, the state is required to monitor premium related data to determine impacts of premiums on IHAWP members with incomes between 50 and 133 percent of the FPL. This information is contained in Attachment 7. See Attachment 8 for healthy behavior activities of IHAWP members as of September 25, 2015.

### **3. Non-Emergency Medical Transportation**

The STCs of the original IWP and MPC 1115 demonstrations required the waiver of non-emergency medical transportation (NEMT) to sunset on December 31, 2014, with a possible waiver extension based on evaluation results of the impact on access to care. In the fourth quarter of 2014, the state requested an amendment to extend the NEMT waiver because adequate data were not available to conduct a full evaluation within the allowed time period. On December 30, 2014, CMS approved the state's request to extend the NEMT waiver through July 31, 2015, with additional time to present further data by May 31, 2015.

On May 29, 2015, the state submitted a second amendment with new evaluation results to CMS requesting continuation of the NEMT waiver through December 31, 2016, to maintain the state's original approach to Medicaid expansion within the 1115 demonstrations. On July 31, 2015, CMS approved an extension of the waiver through March 31, 2016, to allow the state additional time to conduct additional surveys and analyses on the impact of the waiver. More information about the waiver amendment can be found under section [News and Announcements](#).

### **4. Evaluation Design**

The state's evaluation team, the University of Iowa Public Policy Center, received guidance from CMS on finalizing the design of the supplemental analyses to further assess NEMT waiver impacts on access to care. In August 2015, CMS accepted the NEMT supplemental analyses that will be included in future evaluation reports.



## **VIII. Additional Information**

Additional information about the IHAWP can be accessed at <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan>. Please contact Deanna Jones at 515-256-4652 or [djones1@dhs.state.ia.us](mailto:djones1@dhs.state.ia.us), to discuss information related to the quarterly reports.

## **Attachments**

1. IWP Provider Access Survey Results
2. IHAWP Network Access Maps
3. IHAWP Wrap Payments
4. IWP Appeals and Exceptions Report
5. Financial Reporting - IHAWP Member Months
6. Dental Wellness Plan Report
7. Premium Monitoring Report
8. Healthy Behaviors Activity Report